

Message Text

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PAGE 01 KUWAIT 02597 121620Z
ACTION SS-15

INFO OCT-01 NEA-10 ISO-00 SSO-00 MED-03 PER-03 A-01
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O R 121554Z MAY 77
FM AMEMBASSY KUWAIT
TO SECSTATE WASHDC NIACT IMMEDIATE 8008
INFO AMEMBASSY ABU DHABI
AMEMBASSY DOHA
AMEMBASSY MANAMA
AMEMBASSY MUSCAT
USCINCEUR
SECDEF WASHDC//ISA(SA)/DSAA//
USDOT/FHWA

UNCLAS KUWAIT 2597

FOR DEPUTY UNDERSECRETARY MOOSE FROM AMBASSADOR

E.O. 11652: N/A

TAGS: APER, AMED, MASS

SUBJECT: REGIONAL MEDICAL OFFICER FOR KUWAIT

1. IN THE LAST 24 HOURS WE WERE INFORMED FIRST, THAT AT
LAST A REGIONAL MEDICAL OFFICER HAD BEEN ASSIGNED TO KUWAIT
AND THEN SUBSEQUENTLY, THAT HIS ASSIGNMENT HAD BEEN BROKEN.
THIS IS JUST ONE MORE CHAPTER IN THE RMO SHELL GAME WHICH IS
BEGINNING TO CAUSE US SOME REAL PROBLEMS HERE. LET ME
ENLIGHTEN YOU ON WHAT HAS HAPPENED SO FAR. THE LAST RMO TO
SERVE ANY TIME IN KUWAIT LEFT POST IN JULY, 1976. HE WAS
REPLACED BY A YOUNG DOCTOR WHO CLEARLY DID NOT LIKE WHAT
HE SAW WHEN HE ARRIVED IN KUWAIT, AND WHO, AFTER A MONTH HERE,
DEPARTED ON HOME LEAVE, NEVER TO RETURN. FOLLOWING THAT WE WERE
TOLD THAT WE WOULD BE ASSIGNED A NEW RMO AS SOON AS ONE
COULD BE RECRUITED. ONE SUBSEQUENTLY WAS, BUT BEFORE HE COULD
BE TAKEN ON BOARD, HE WAS FOUND UNQUALIFIED FOR OVERSEAS
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SERVICE. THEN IN MARCH WE WERE TOLD THAT ANOTHER DOCTOR HAD
BEEN LOCATED AND THAT HE WOULD BE ARRIVING IN KUWAIT IN JUNE.
THEN LAST NIGHT WE LEARNED THAT HE COULD NOT BE CLEARED FOR
SERVICE. IN A SUBSEQUENT TELEPHONE CALL WE HEARD THAT ANOTHER
PHYSICIAN, DR. NYDEL HAD JUST COME ON BOARD AND HAD BEEN ASSIGNED
TO KUWAIT. TODAY WE FIND THAT HIS ASSIGNMENT HAS BEEN BROKEN,
AND THAT KUWAIT ONCE AGAIN FACES THE PROSPECT OF AN INDEFINITE

FUTURE WITHOUT A DOCTOR.

2. IN THE 12 MONTHS THAT WILL HAVE ELAPSED SINCE THE LAST RMO LEFT KUWAIT, THE USG EMPLOYEE AND DEPENDENT POPULATION WILL HAVE GROWN FROM 110 TO 217 PERSONS. MANY OF THESE INDIVIDUALS WILL BE CONNECTED WITH A FHWA TECHNICAL ASSISTANCE PROGRAM AND WITH THE FOREIGN MILITARY SALES PROGRAM (USLOK) HERE. MOREOVER, THE BILATERAL AGREEMENT (CASE AAA) UNDER WHICH THESE PERSONNEL AND THEIR FAMILIES ARE ASSIGNED TO KUWAIT IS PREDICATED ON THE PRESENCE OF A US GOVERNMENT PHYSICIAN AT POST, AS MEDICAL CARE (FUNDED BY KUWAIT MINISTRY OF DEFENSE AS IS THE REST OF THE FMS OPERATION) MUST BE RECOMMENDED BY "U.S. MEDICAL AUTHORITIES". THIS LANGUAGE WAS FORMULATED, ON THE ASSUMPTION THAT A REGIONAL MEDICAL OFFICER WOULD BE PRESENT AT POST.

3. A FEW COMMENTS ON THE LOCAL MEDICAL SCENE ARE IN ORDER HERE, I BELIEVE. ALTHOUGH THE KUWAIT MEDICAL SYSTEM IS LOADED WITH EXPENSIVE FACILITIES AND EQUIPMENT, IT IS SORELY LACKING IN QUALIFIED MEDICAL PERSONNEL. I HAVE BEEN CONTINUALLY DISTRESSED BY REPORTS OF MISSED DIAGNOSES AND INADEQUATE TREATMENT IN LOCAL INSTITUTIONS. IN ONE RECENT AND ALARMING CASE THE WIFE OF THE ITALIAN CONSUL DIED IN THE MIDDLE OF THE NIGHT WHILE HER HUSBAND AND FRIENDS FRANTICALLY TRIED TO SUMMON A DOCTOR OR AMBULANCE BY CALLING THE NUMBERS OF ALL THE LOCAL HOSPITALS AND EMERGENCY SERVICES WITHOUT BEING ABLE TO GET A RESPONSE FROM ANY OF THEM. IN ANOTHER CASE, THE WIFE OF A PROMINENT MEMBER OF ARAB COMMUNITY NEARLY DIED BECAUSE OF FAILURE TO DIAGNOSE A BURST APPENDIX.

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4. THE ABOVE IS WIDELY KNOWN IN THE USG COMMUNITY HERE AND IS GIVING RISE TO A DIFFICULT MORALE PROBLEM WHICH HAS BEEN HELD IN CHECK, UP TO NOW, BY THE KNOWLEDGE THAT THE ARRIVAL OF A NEW RMO WAS IMMINENT.

5. LACKING AN RMO, OUR ONLY ALTERNATIVE WILL BE TO BEGIN AUTHORIZING MEDICAL EVACUATION TO FRANKFURT FOR ALL BUT THE MOST ROUTINE DIAGNOSIS AND TREATMENT. THE CATCH HERE IS THAT, UNDER THE PRESENT FMS AGREEMENT, US MILITARY PERSONNEL WOULD NOT BE ELIGIBLE UNLESS THAT EVACUATION WERE RECOMMENDED BY US MEDICAL AUTHORITIES, I.E. THE RMO, WHICH PRESENTS US WITH A REAL DILEMMA. FURTHERMORE, DURING A RECENT TOUR THROUGH THE PERSIAN GULF STATES, I HEARD EXPRESSIONS OF CONCERN FROM ALL OUR AMBASSADORS ABOUT THE LACK OF SERVICES OF AN RMO.

6. I THEREFORE STRONGLY URGE THAT THE DEPARTMENT FILL THE KUWAIT RMO POSITION AS SOON AS POSSIBLE THROUGH THE TRANSFER PROCESS AND NOT WAIT UNTIL ANOTHER RMO CAN BE RECRUITED. I REALIZE THAT THERE IS A WORLDWIDE SHORTAGE OF MEDICAL OFFICERS,

BUT I BELIEVE THAT THE SITUATION HERE REQUIRES PRIORITY
TREATMENT.
MAESTRONE

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